

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-1019

March 5, 1987



ALL-COUNTY LETTER NO. 87-33

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REFUGEE SERVICES - INFORMATION TRANSMITTAL, RS 18

REFERENCE: All-County Letter 85-18 and All-County Letter 86-13

This letter is to provide County Welfare Departments (CWDs) with the revised RS 18, "Refugee Services-Information Transmittal" form (enclosed) which must be used by the CWDs to notify the Central Intake Units (CIUs) of a change in status of mandated referrals of Refugee Cash Assistance (RCA), Refugee Demonstration Project (RDP), Aid to Families with Dependent Children (AFDC) or General Relief/General Assistance (GR/GA) recipients to refugee employment/training services. All previously approved county forms and any new forms transmitting client information to the CIU must be submitted to the Office of Refugee Services (ORS) for waiver approval. This letter supersedes All-County Letter (ACL) 85-18 and amends ACL 86-13.

The RS 18, "Refugee Services-Information Transmittal," provides the counties with a formal mechanism to notify the appropriate CIU when the client has a status change or when there is a change in the client's personal data. The RS 18 was revised to provide the counties with a more complete communication tool to be used to report information to the CIU. In the past, the counties reported sanction and state hearing information on the RS 3, Central Intake Unit Referral/Notification form, and were instructed to complete a new RS 3 if good cause was found. The RS 18 will now be used for these purposes. However, the counties must continue to use the RS 3 at initial referral for registration. See "Additional Information Regarding the Use of the RS 18" below. The revised RS 18 will save the counties administrative time since the information regarding client's status change and client's personal data is now on one form. An instruction sheet is printed on the reverse side of the form to assist the CWDs in completing the form.

Additional Information Regarding the Use of the RS 18

In ACL 86-13 dated February 4, 1986, on page 2 under "Good Cause" Determination, the CWD was instructed that when "good cause" has been found by the CWD, both the "good cause" decision and basis on which that decision was made was to be communicated to the CIU on the RS 3, under Section 17.

ACL 86-13, page 3 under "Sanctions," also instructed CWDs to notify the CIU within 15 calendar days via the RS 3, under Section 17 when a client is sanctioned, so that the CIU can discontinue treating the client as a mandatory participant in training/employment-related activities.

In addition, as stated in ACL 86-13, page 3 under "Sanctions," the CWD was instructed to notify the CIU within 15 calendar days via the RS 3, under Section 17 when a client appeals a sanction and becomes involved in the state hearing process.

Effective immediately, the RS 3 is no longer to be used in these situations. The CWD is to notify the CIU within 15 calendar days on the status of the case pending, outcome of good cause determination, sanction, and state hearing decision via the RS 18 instead of the RS 3.

The RS 18 can be ordered from the Department of Social Services warehouse. However, in the interim, a camera-ready copy of the RS 18 is enclosed for your use. Counties are to begin using this form immediately upon receipt. It will not be necessary to retroactively review your cases and send notices to the CIUs.

Any questions concerning the RS 18 should be directed to Ms. Judy Eastburn, Office of Refugee Services, at (916) 322-0601 or ATSS 492-0601.

Carl B. Williams

CARL B. WILLIAMS
Deputy Director
Employment and Community Services

Enclosure

cc: CWDA
Dr. Sharon Fujii, ORR

INFORMATION TRANSMITTAL

CIU ADDRESS

Second Copy : Case File

<input type="checkbox"/> RCA	<input type="checkbox"/> RDP	<input type="checkbox"/> AFDC	<input type="checkbox"/> GA/GR
CLIENT NAME:		SSN:	
CASE NUMBER:		ALIEN NUMBER:	
EW NAME:		DATE:	
EW NUMBER:		TELEPHONE:	

REASON FOR COMMUNICATING (CHECK ☒ AND/OR COMPLETE APPLICABLE ITEM)

SECTION I. CLIENT STATUS CHANGES

- ☐ Client continues as mandatory referral
- ☐ Client no longer mandatory referral:
- ☐ Exempt (Reason): _____
- ☐ Other (Reason): _____
- ☐ Good cause was/was not found on _____ for the following reason: _____
(CIRCLE ONE) (DATE)

Sanction effective _____ through _____

SECTION II. CHANGES TO CLIENT'S PERSONAL DATA

- ☐ New address: _____
- ☐ New telephone number: _____
- ☐ Transfer to another aid program: _____ to _____
- ☐ Social security number: _____
- ☐ Client reported employment with _____ at _____
NAME OF EMPLOYER
- _____ on _____
LOCATION DATE
- ☐ Client filed for State Hearing
- ☐ State Hearing scheduled for _____, at _____, in _____
(DATE) (TIME) (PLACE)
- State Hearing outcome: ☐ State Hearing request withdrawn ☐ Client's appeal granted
- ☐ Client's appeal denied

SECTION III. COMMENTS

ELIGIBILITY WORKER SIGNATURE: _____

TELEPHONE NUMBER: _____

DATE: _____

RS-18 INFORMATION TRANSMITTAL

Purpose: The RS-18 is used by the county welfare department to notify the Central Intake Unit (CIU) of a change in status of mandated referrals of Refugee Cash Assistance (RCA), Refugee Demonstration Project (RDP), Aid to Families with Dependent Children (AFDC) or General Assistance/General Relief (GA/GR) recipients to Refugee Employment/Training Services.

Form Completion Instructions:

The County Welfare Department:

1. Enters the address of the appropriate CIU office.
2. Checks appropriate box indicating program (RCA, RDP, AFDC or GA/GR).
3. Enters case data and other identifying information in upper right-hand corner.
4. Checks the appropriate reason for communicating information (Section I or II).
5. The person who completes the form must sign and date the form below in Section III.
6. The CWD is to retain one copy for the client's case file.

SECTION I — To be used by the CWD if any of the following changes in the client's status occur:
(This section must be completed every time)

- Client continues as mandatory referral
- Client no longer mandatory referral
- Registrant becomes exempt
- If good cause was/was not established, indicate reason
- Sanction imposed, indicate sanction period

SECTION II — To be used by the CWD if any of the following changes on client's personal data occur:

- New address
- New telephone number
- Transfer to another aid program *(specify both programs)*
- Social security number
- Client reported employment *(specify name of employer, location and date)*
- Client files for State Hearing
- Indicate date, time, and place of State Hearing, if known. If the CIU presence at the State Hearing is needed, it is the CWD responsibility to inform the CIU of the date, time and place of the State Hearing
- Check appropriate box *(State Hearing request withdrawn, appeal granted or appeal denied)*

SECTION III — To be used for comments.